ROANOKE COUNTY POLICE DEPARTMENT

OBSERVER PROGRAM APPLICATION/WAIVER FORM

Academy O Applicant O Citizen Obs	bserver 🖵	Communication (Intern Observer	Observer □ □
The Citizen Observer of the law enforcement operations that the insight gained enjoyable. The following info both sides of this form.	ations of the Robby participating i	anoke County Polic in this program will I	be both informative and
	(Please Prin	nt Clearly)	
Name:Last	First	Mid	dle
Date of Birth:	So	Social Security #:	
Address:			
Telephone #: Home:		Business:	
Occupation:			
If student, name of school at	tending:		
Person	to notify in cas	se of an emergency	y:
Name:			
Telephone:	Address: _		
Do you have any medical oprogram:	ondition that mi	ight effect your abil	ity to participate in the
NO: ☐ YES □,	If Yes, plea	se explain:	

RCPD-U22 (11/2010)

Hours Requested:

Date Requested:

INSTRUCTIONS TO APPLICANT

- 1) Representatives normally include members of a business or civic group, applicants for the position of Police Officer in Roanoke County, or are sponsored by a Roanoke County police officer.
- 2) Eighteen (18) years of age or older. If applicant is under 18 years of age, permission is necessary from legal guardian.
- 3) No participation in the program within the past twelve months, unless an applicant for police officer with the Roanoke County Police Department.
- 4) Participants are required to dress in proper attire.
- 5) Follow all instructions by the officer during the program. No interference with the performance of the officer shall be permitted.
- The Citizen Observer Program shall be conducted at times that are convenient to the operations of the Police Department.
- 7) The program may be terminated at any time during participation by a supervisory officer.
- 8) Participants are required to conduct themselves in a mature, professional manner at all times.
- 9) The citizen observer shall not be armed.
- 10) Participants who are asked to identify themselves while riding should explain that they are citizen observer.

I certify that I understand the requirements and responsibilities of participants in this program; and that I am aware of the potential risk involved with accompanying an officer during the performance of his/her duties. In consideration of the Roanoke County Police Department granting permission to enter in or upon any premises or vehicles which are under its actual care of constructive or passive control, I hereby waive all claims to damage or loss to my person or property which may be caused by any act, or failure to act, of the Roanoke County Police Department, its officers, agents or employees. I assume the risk of all dangerous conditions in, upon or about the premises or vehicles and waive any and all notice of existence of such conditions.

Applicant's Legal Guardian	Date
Applicant Signature	Date
Applicant Interviewed By	Date
Applicant Approved By	Date
Assigned Officer	Date
OFFICE USE (ONLY

☐ CCH/DMV Unit # ____

☐ No Previous Ride Along In The Last 12 Months